

PTO/SB/02 (08-03)

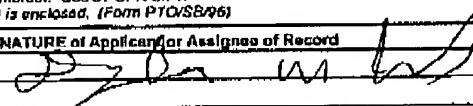
Approved for use through 11/02/2003. GSA GEN-01-0135

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid

CMB control number.

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS		Application Number	10/652,562
		Filing Date	09/12/2003
		First Named Inventor	
		Art Unit	
		Examiner Name	
		Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.																									
<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: 000045069																									
<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to: <input checked="" type="checkbox"/> The address associated with Customer Number: 000045069																									
OR <table border="1"> <tr> <td><input type="checkbox"/> Firm or Individual Name</td> <td colspan="3"></td> </tr> <tr> <td>Address</td> <td colspan="3"></td> </tr> <tr> <td>Address</td> <td colspan="3"></td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip</td> <td></td> </tr> <tr> <td>Country</td> <td colspan="3"></td> </tr> <tr> <td>Telephone</td> <td colspan="3">Fax</td> </tr> </table>		<input type="checkbox"/> Firm or Individual Name				Address				Address				City	State	Zip		Country				Telephone	Fax		
<input type="checkbox"/> Firm or Individual Name																									
Address																									
Address																									
City	State	Zip																							
Country																									
Telephone	Fax																								
I am the: <input type="checkbox"/> Applicant/Inventor. <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.72(b) is enclosed. (Form PTO/SB/96)</i>																									
SIGNATURE of Applicant or Assignee of Record																									
Name	Douglas W. Irsh 																								
Signature																									
Date	Telephone																								
<small>NOTE: Signatures of all the inventors or assignees of record of the application or their representative(s) are required. Submit multiple forms if more than one signature is required; see below.</small>																									
<input type="checkbox"/> Total of _____ forms are submitted																									